

FOGG & POWERS LLC

INTELLECTUAL PROPERTY LAW

February 11, 2010

VIA FACSIMILE TO 571-273-6500- 3 pgs.

U.S. Patent and Trademark Office
Deposit Account Branch
Attention: Refund Branch

Re: **Request for Refund**

In reviewing our Deposit Account statement, we found the following charge made to our account in error. This amount should not have been charged for a 3.5 year maintenance fee at the large entity status.

Patent No. 6,841,051
Date Charged: 1/21/10
Amount Charged: \$980.00

Attached is the Petition to Accept Unintentionally Delayed Payment of Maintenance Fee in an Expired Patent that we filed on 8/7/09. As you can see the small entity status is clearly marked on this form.

Please refund \$490.00 the difference of a small entity status and a large entity status for a 3.5 year maintenance fee to our deposit account no. 502432. If you have any questions, please contact Danielle Suess at suess@fogglaw.com or 952-465-0773.

Thank you for your assistance.

Sincerely,



David N. Fogg
Reg. No. 35138

DNF: dns

Enclosed

Adjustment Date: 03/03/2010 CKHL0K
01/21/2010 CKHL0K 00000006 502432 6841051
01 FC:1551 980.00 CR

03/03/2010 CKHL0K 00000002 502432 6841051
Sale Ref: 00000002 DAA: 502432 6841051
01 FC:2551 490.00 DA

5810 WEST 78TH STREET | MINNEAPOLIS, MN 55439
MAIN: 952-465-0770 | FAX: 952-465-0771 | WWW.FOGGLAW.COM

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

10/763627

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|---|--------------|-----------|
| 1 Date of Request: <u>3-2-10</u> | | 2 Serial/Patent # <u>6,841,051</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input type="checkbox"/> | Extension of Time | | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> | Petition | | | \$ |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | 8-7-09 | \$ 490.00 |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input type="checkbox"/> | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 490.00 |
| | | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>50--2432</u> | | |
| <input type="checkbox"/> | Overpayment | | | |
| <input type="checkbox"/> | Duplicate Payment | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | |
| <u>Small entity</u> | | | | |
| | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Karen Creasy</u> | | TITLE: <u>Petitions Examiner</u> | | |
| SIGNATURE: <u>/Karen Creasy/</u> | | PHONE: <u>2-3208</u> | | |
| OFFICE: <u>Petitions</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: _____ | | DATE: _____ | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**